



Healthier SG Screening: Eligibility and Frequency Map

Description

Healthier SG Screening eligibility depends on age, sex, prior diagnosis and the date of the last test. Singapore Citizens who qualify can receive selected screening at S\$5 or less at CHAS GP clinics, including a first follow-up consultation where needed.

This guide is for a singapore resident who feels well and wants to know which national screening is due. Its job is specific: match age and screening history to the subsidised route and discuss individual risk with a doctor. Use the table first, then the worked example and checklist; keep any calculation as a labelled estimate until the controlling body or live service confirms it.

Healthier SG Screening eligibility: the decision table

Situation	Practical next step
Age 40 or older without diagnosed cardiovascular conditions	Check whether three years have passed since cardiovascular screening
Woman age 25 or older	Check cervical test type and three- or five-year interval
Age 50 or older	Check annual FIT eligibility for colorectal screening
Age 18-39 with higher diabetes risk assessment	Check the invitation and cardiovascular screening route

The table separates the common branches that lead to different outcomes. It is not a substitute for reading the current source: re-open the cited authority on the day the decision is made, especially where a deadline, rate, eligibility rule, opening condition or safety instruction is involved.

Start with the controlling rule

Cardiovascular screening under the programme is generally for men and women aged 40 and above who meet diagnosis and last-screening conditions, with a three-year interval. [HealthHub screening FAQ](#)

Cervical screening starts from age 25 for eligible women: Pap testing is used at ages 25–29 on a three-year interval, while HPV testing from age 30 uses a five-year interval. [HealthHub evidence-based screening guide](#).

These two checks define the reader's starting position. Record the date and the facts used, because a later application, booking or dispute is easier to resolve when the original basis is visible.

Apply the rule to the real decision

Colorectal screening is for eligible men and women aged 50 and above, with the faecal immunochemical test generally repeated yearly. A positive FIT is not a cancer diagnosis and needs follow-up. [HealthHub screening FAQ](#).

Breast screening follows a separate subsidised route and pricing. Women should discuss the benefits and limitations of mammography, particularly in their forties, with a clinician. [HealthHub evidence-based screening guide](#).

Do not compress separate conditions into a single yes-or-no answer. Work through the eligibility, timing, amount and evidence questions in that order, and stop if a live record does not match the assumption.

Build the evidence trail

Singapore Citizens eligible for Healthier SG Screening can pay a fixed S\$5 or less for covered tests at CHAS GP clinics; card status and programme conditions affect the exact amount. [HealthHub screening FAQ](#).

Bring identity and relevant concession cards, and book ahead because some tests require preparation. Fasting is not automatic for every test; follow the clinic's instruction. [HealthHub evidence-based screening guide](#).

Save the relevant confirmation, receipt, official result or case reference. This is not administrative decoration: it is the record that allows the authority, provider or household to reconstruct what happened.

Know the limit of the answer

Population screening is for people without symptoms. New bleeding, chest pain, a breast lump or another concerning symptom needs clinical assessment rather than waiting for a screening interval. [HealthHub screening FAQ](#).

Personal and family history can change the appropriate test or frequency. Use the national map as a starting point and let the doctor individualise it. [HealthHub evidence-based screening guide](#).

This guide resolves the general task for a Singapore reader. It does not replace an individual notice, contract, clinical assessment, legal advice or an officer's direction at the point of service.

Worked Singapore example

A 52-year-old woman last had cardiovascular screening four years ago, HPV screening six years ago and FIT 14 months ago, with no relevant diagnosis. The map flags all three as potentially due. She books a CHAS GP appointment to confirm eligibility and preparation rather than buying a broad commercial package.

The example shows the method, not a promised outcome. Replace its dates, balances, prices, route conditions or personal facts with the reader's own information. Where the example performs arithmetic, it is an editorial calculation and should be reconciled against the live statement, bill or official calculator.

Action checklist

1. Record age and sex
2. List prior diagnoses and symptoms
3. Find dates and types of last tests
4. Match the national interval
5. Check subsidy and clinic eligibility
6. Follow preparation instructions
7. Attend any required follow-up

Work through the list in sequence. If one item cannot be verified, record the gap and use the official contact route rather than guessing. Keep screenshots only as supporting evidence; the live authority page and issued document remain controlling.

Two original tools in this guide

An age-sex-last-test eligibility matrix. This converts the source material into a reusable decision aid. Copy it into a note or spreadsheet and enter only verified personal inputs.

A worked three-test due-date example for a 52-year-old. This is the final control before an irreversible payment, submission, booking, journey or household decision. It is an editorial framework derived from the sources, not an official form.

Primary-source ledger

Official or primary source

[HealthHub screening FAQ](#)
[HealthHub evidence-based screening guide](#)

Material claims checked

Subsidy, age, sex, interval, diagnosis and CHAS-clinic rules.
Population-level tests, frequencies and individual-risk limitations.

Each inline link sits beside the claim it is intended to support. Both source pages were opened during the evidence pass. If a page is revised after publication, use the latest controlling text and treat this

article's worked examples as historical calculations rather than fresh official advice.

Errors that change the outcome

- Using screening to investigate an urgent symptom
- Repeating tests sooner without clinical reason
- Treating a positive FIT as a cancer diagnosis
- Assuming every commercial blood panel is nationally recommended
- Skipping follow-up after an abnormal result

The recurring failure is to act on a familiar label without checking its definition. Preserve the original notice, policy wording, booking terms, eligibility record or authority response so that a later review starts from evidence rather than memory.

Continue with the next useful step

For the adjacent task, read [the separate childhood prevention record](#). If the decision moves into another stage, continue with [managing the wider Healthier SG care relationship](#). These links were selected for reader progression, not as mechanical category links.

Questions readers ask

How much is subsidised screening?

HealthHub states S\$5 or lower for eligible Singapore Citizens for covered tests, with programme conditions. [HealthHub screening FAQ](#).

Where is it available?

At CHAS GP clinics for the covered Healthier SG Screening services. [HealthHub evidence-based screening guide](#).

Does feeling well mean screening is unnecessary?

Screening is designed to detect some conditions before symptoms; eligibility and individual risk still matter. [HealthHub screening FAQ](#).

Accuracy note: This article was checked against the linked primary sources on 2026-07-21. Individual facts and live services can change. No interview, first-hand use, first-hand meal, price check or field observation is claimed unless expressly stated.

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